

MEETING MINUTES

Project Name: IPRS	Doc. Version No: 1.0	Status: Final
---------------------------	-----------------------------	----------------------

Meeting Name: IPRS Core Team Meeting
Facilitator: Eric Johnson, DMH
Scribe: Amy Newman
Date: 05/14/2008
Time: 10:30 – 11:30 AM
Location: Wycliff – Conference Room 430

IPRS Core Team Attendees:

Gary Imes	Others:
Thelma Hayter	Cathy Bennett
x Eric Johnson	x Sandy Flores
x Travis Nobles	x Paul Carr
Cheryl McQueen	x Theresa Diana
Sharlene Bryant	Chris Ferrell
x Jamie Herubin	x Rick Kretschmer
x Mike Frost	x Wanda Mitchell
x Myran Harris	x Amy Newman

Attendees:

x Alamance-Caswell	x Johnston
x Albemarle	x Mecklenburg
x Catawba	x Onslow-Carteret
x Centerpoint	x OPC
x Crossroads	x Pathways
x Cumberland	x Piedmont
x Durham	x Sandhills
x Eastpointe	x SE Regional
x ECBH	x Smoky Mountain
x Five – County MHA	x The Beacon Center
x Foothills	x Wake
x Guilford	x Western Highlands

Attendees:

Item No. Topics

1. Roll call
2. Please mute phones or refrain from excess activity to help with communications. Please state your name and which “area program” you are from when you speak. **Please do not place IPRS Core Team call on hold because of potential distraction to call discussion.**
3. Upcoming Check-writes (cut-off dates) – May 15, 22
4. Agenda items
 - Beta Test (NPI) Requirements Review
 - 100 records/LME/submission; Format test; full cycle run, 835
 - **Update schedule termination: TBD**
 - IPRS Questions or Concerns
 - MMIS Updates- Theresa Diana
5. DMH and/or EDS concluding remarks
 - For North Carolina Medicaid claim questions / inquires please call EDS Provider Services at 1-800-688-6696 or 1-919-851-8888 and enter the appropriate extension listed below or 0 for the operator.
 - Physician phone analyst (i.e. Independent Mental Health Providers)-1
 - Hospital phone analyst (i.e. Enhanced Service Providers / LMEs) - 2
6. Roll Call Updates

Next Meeting: May 21, 2008

For assistance with IPRS claims, adjustments, R2Web, accessing application, etc.

Call the IPRS Help Desk – 1-800-688-6696, option 4 or 919-816-4355

M-F, 8 a.m.-4:30 p.m., excluding holidays.

IPRS Question and Answer email address – iprs.qanda@ncmail.net

ADMINISTRATION NOTES (10:30 a.m. AREA PROGRAMS CONFERENCE CALL)	
Item No.	Topics
1.	<p>Roll Call:</p> <p><u>Checkwrites</u></p> <p>Eric Johnson: We do not have any new Agenda items but there are a few items I do want to mention. We had a checkwrite which the cut off date was the 8th and we have two more checkwrites for the month of May which are on the Agenda. Are there any questions for the checkwrite where the cut off was the 8th?</p> <p>No response.</p>
2.	<p><u>Agenda Item:</u></p> <p>No Agenda items.</p>
3.	<p><u>Other</u></p> <p>Eric Johnson: Are there any Single Stream funded LMEs holding any adjustments where the original claims had Dates of Service from 06/2007 or prior and you were holding them as a result of your expectation that they would have denied for timely filing? Other than Sandhills?</p> <p>Guilford: We may have some but I will have to check.</p> <p>Mecklenburg: Well any Single Stream LME who billed with timely filing and billed in July it would be for June, so all of them would have some.</p> <p>Eric Johnson: That's possible</p> <p>Mecklenburg: At this point you would have to realize that because as a Single Stream, your earnings total went down and if we don't get credit for the June events and possibly some from May, we may have a problem at the end of the year.</p> <p>Sandhills: Everybody would have some as the cut off was second week of June last year.</p> <p>Eric Johnson: We want to make it clear that we are asking about adjustment claims and not new day claims.</p> <p>Sandhills: That's correct. We are holding adjustment claims because Single Stream funding could not make an adjustment and we have Providers who are owed additional funding.</p> <p>Eric Johnson: We understand Sandhills and I may not have made it clear but I was asking for anyone except Sandhills, as you are the ones we heard from. Are there any other Single Stream funded LMEs who are holding adjustments that would have denied because of timely filing?</p> <p>Guilford: We will check this afternoon and let you know.</p> <p>Eric Johnson: Thank you, we just want to check so that we can decide the best way of</p>

	<p>implementing a solution. If you find that you are holding a large number (or any number) we would really appreciate if you would give us a call or contact us through Q&A and we will work from there.</p>
4.	<p><u>NPI (beta testing)</u></p> <p>Eric Johnson: We have our usual encouragement in regards to your beta testing as we know it is close at this time but we would still like to see you get the beta testing done, and you will see on your documentation that Paul sent that the doc file has a listing of beta test participants. There are possibly 8 or 9 LMEs that from our standpoint have not done beta testing for NPI and we are hoping that you are not going to use Production to do beta testing for NPI. It could be a potential mess as you would have Production claims that you are waiting to be processed as well as funds waiting to be distributed and you could have an issue with mapping that could stand in your way. Also, if there is one LME who could be thinking that way, then there could be two or more. So we are really encouraging you to perform beta testing for NPI prior to May 22nd as opposed to using Production to “beta test” because we have limited number of resources here that can answer your questions in a timely manner. And we want to answer your questions so that you won’t have a problem paying your providers. We don’t want to be the reason for it and we wouldn’t want you to have a problem with your providers doing the work they want to do if they don’t have reimbursement of their previous claims; or confidence that they are going to be reimbursed. So this is a “public service” announcement for the NPI team.</p> <p>Eric Johnson: So, are there any questions about NPI?</p> <p>Kelly/Durham: Is there an update from Q&A about the IPRS Single Stream Report not showing the negative parameters where we reverse our single-stream claims? Where the Single Stream amount is actually overstated?</p> <p>Eric Johnson: We are working on that, there is a CSR/memo that is in the works right now and we hope it will be completed relatively soon.</p> <p>Kelly/Durham: Will they republish the reports that are currently out there?</p> <p>Eric Johnson: That’s a good question, we will check to make sure. If we can republish the report then we will do so. I don’t know if that is inside the current solution but we will look into it as it is definitely one of our top priorities.</p> <p>Debra/Wake: Can you tell us about the claims submitted on the 837 in legacy format on May 16th thru the 22nd that are not NPI are ok? We are feeling that they are not subject to NPI and only claims submitted after the then will be.</p> <p>Eric Johnson: Yes, that is correct.</p> <p>Jeanna/Catawba: Awhile back I had a policy question for Q&A that if a consumer who meets medical necessity to receive two enhanced services which are normally excluded, if IPRS doesn’t have the override, is there any way we could get services paid when it is medically necessary?</p> <p>Eric Johnson: Yes, I think I understand what your question is; that has been presented to the folks at the Division. I have not received any response as yet so I will follow up on it, and that’s as much as I can tell you at this point.</p> <p>Jeanna/Catawba: Thank you. Is there anything to keep us from using non-UCR funds?</p>

Eric Johnson: Outside of the policy, I don't know what would.

MMIS Updates

Theresa Diana: Just a brief update from last week about the CAP B1450 and the BO modifier situation; I just want to follow up that there is a need for a memo from DMA and we will be looking for a memo to come over to update this particular issue. Other than that there are no other updates so we can go ahead to the questions.

MMIS Questions

Jeanna/Catawba: We got one of those letters from DMA saying that we had some NPI's that couldn't be mapped. I called Provider Services as this is a provisionally licensed person who does not have a direct enrolled number yet, but when I got an example of the claim, because I could not find anything that matched that in our system, we did not bill this service. The service was billed by one of our private providers to DMA directly. I do not understand why we would have on our report that Catawba had 18 claims that didn't match when we didn't bill it.

Theresa Diana: Well Jeanna, the possibility of the number being used is an option, I can't confirm that, but that is certainly one of the first things that come to mind. It is a little difficult to answer that just because we are not sure how the claims were transmitted. Are you specifically talking about the mis-matched letter?

Jeanna/Catawba: Yes. I don't know if we were the Referring Agent, would that show up on our report because that is the number recognized? Because I don't believe the Provider is using our number to do anything other than try to do a referral for us.

Theresa Diana: That could certainly be the issue as well, so as long as the provider is putting in the legacy number and the NPI correctly in the Referring position on the claim (unless the put the wrong information) that may be the reason you received that letter.

Jeanna/Catawba: Because they didn't have any other number that they could match to? This could become an issue if you don't have any control over where it came from. Except it would be on our EOB, but we didn't seen if there.

Theresa Diana: That is if another provider is using your number and NPI number incorrectly, then the notice is going to come to the Provider number which is incorrect – which unfortunately would be you. So that is probably what is happening.

Guilford: We got one of the letters also and those claims were not transmitted by us either and noticed the ICNs all started with 70.

Theresa Diana: That would be for crossover adjustments. That could be from Medicare if there is a claim the Medicare adjusted and then sent back to Medicaid as a crossover, that's what a region 70 would be.

Guilford: I was thinking that was a 40, I'm sorry.

Theresa Diana: 40 is actually the original if you get a crossover claim from Medicare but this isn't the case when Medicare makes an adjustment and the claim comes back to Medicaid as an adjusted claim.